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Delivering results...Transforming health care

Tri-State REC:

**How Clinicians
Can Qualify for
Meaningful Use
& Federal Incentives**

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HealthBridge is one of the nation's largest and most successful health information exchange organizations.

Meaningful Use

What we know today

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Definition

Meaningful use is defined as:

- **Use of a certified EHR** in a meaningful manner (ex: e-prescribing)

- Use of certified EHR technology for **electronic exchange** of health information

- **Reporting on clinical quality and other measures.**

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NPRM Meaningful Use (MU) Requirements Today

1. Use computerized order entry.

2. Implement drug-drug, drug-allergy, drug- formulary checks

3. Maintain an up-to-date problem list of current and active diagnoses

4. Generate and transmit permissible prescriptions electronically

5. Maintain active medication list.

6. Maintain active medication allergy list

7. Record demographics.

8. Record and chart changes in vital signs.

9. Record smoking status for patients 13 years old or older

10. Incorporate clinical lab-test results into EHR as structured data.

11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, and outreach.

12. Report ambulatory quality measures to CMS or the States.

13. Send reminders to patients per patient preference for preventive/ follow-up care

14. Implement five clinical decision support rules relevant to specialty or high clinical priority, including for diagnostic test ordering, along with the ability to track compliance with those rules.

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Meaningful Use Requirements Today (cont.)

15. Check insurance eligibility electronically from public and private payers

16. Submit claims electronically to public and private payers.

17. Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, and allergies) upon request

18. Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies)

19. Provide clinical summaries to patients for each office visit.

20. Capability to exchange key clinical information (for example, problem list, medication list, allergies, and diagnostic test results), among providers of care and patient authorized entities electronically.

21. Perform medication reconciliation at relevant encounters and each transition of care.

22. Provide summary care record for each transition of care and referral.

23. Capability to submit electronic data to immunization registries and actual submission where required and accepted.

24. Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.

25. Protect electronic health information maintained using certified EHR technology through the implementation of appropriate technical capabilities. (privacy & security)

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The Challenges

- Meaningful use is a very high bar.

- As many as 30% of all EHR implementations fail.

- To date, there is little consistent evidence that EHRs improve quality or cost.

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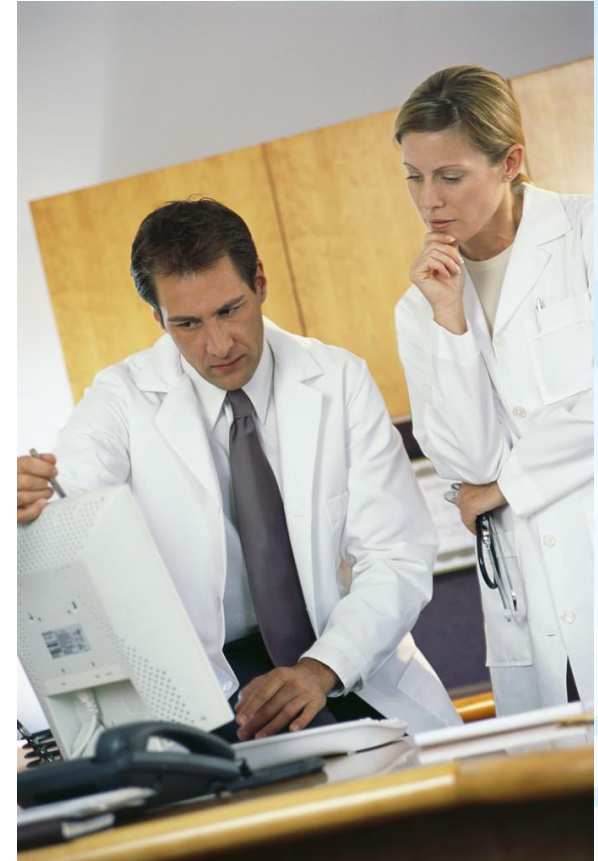
An Overview

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HealthBridge Tri-State Regional Extension Center (REC)

WHAT IS IT?

- New federally-funded collaboration led by HealthBridge
- Covers a tri-state service area includes parts of Ohio, Kentucky, and Indiana

GOALS:

- **Help eligible professionals implement technology, achieve meaningful use and qualify for incentives**
- Target: 1,800 providers

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HealthBridge Tri-State Regional Extension Center (REC)

| Partner Organizations |
|---|
| **Ohio:**
HealthBridge (*lead organization*)
Collaborating Communities Health Information Exchange (CCHIE)
Ohio Health Information Partnership (REC)
Ohio KePRO, University of Cincinnati, AF4Q, GCHC, and many others |
| **Kentucky:**
University of Kentucky (UK)
Northeast Kentucky Regional Health Information Organization (NEKY RHIO)
Kentucky Cabinet for Health & Family Services
Healthcare Excel (KY & IN), Northern Kentucky University, Morehead State University |
| **Indiana:**
HealthLINC
Indiana Family and Social Services, IHIT
Purdue University, Ivy Tech |

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Tri-State REC Service Area

State
Ohio (11 counties)
Kentucky (37 counties)
Indiana (19 counties)
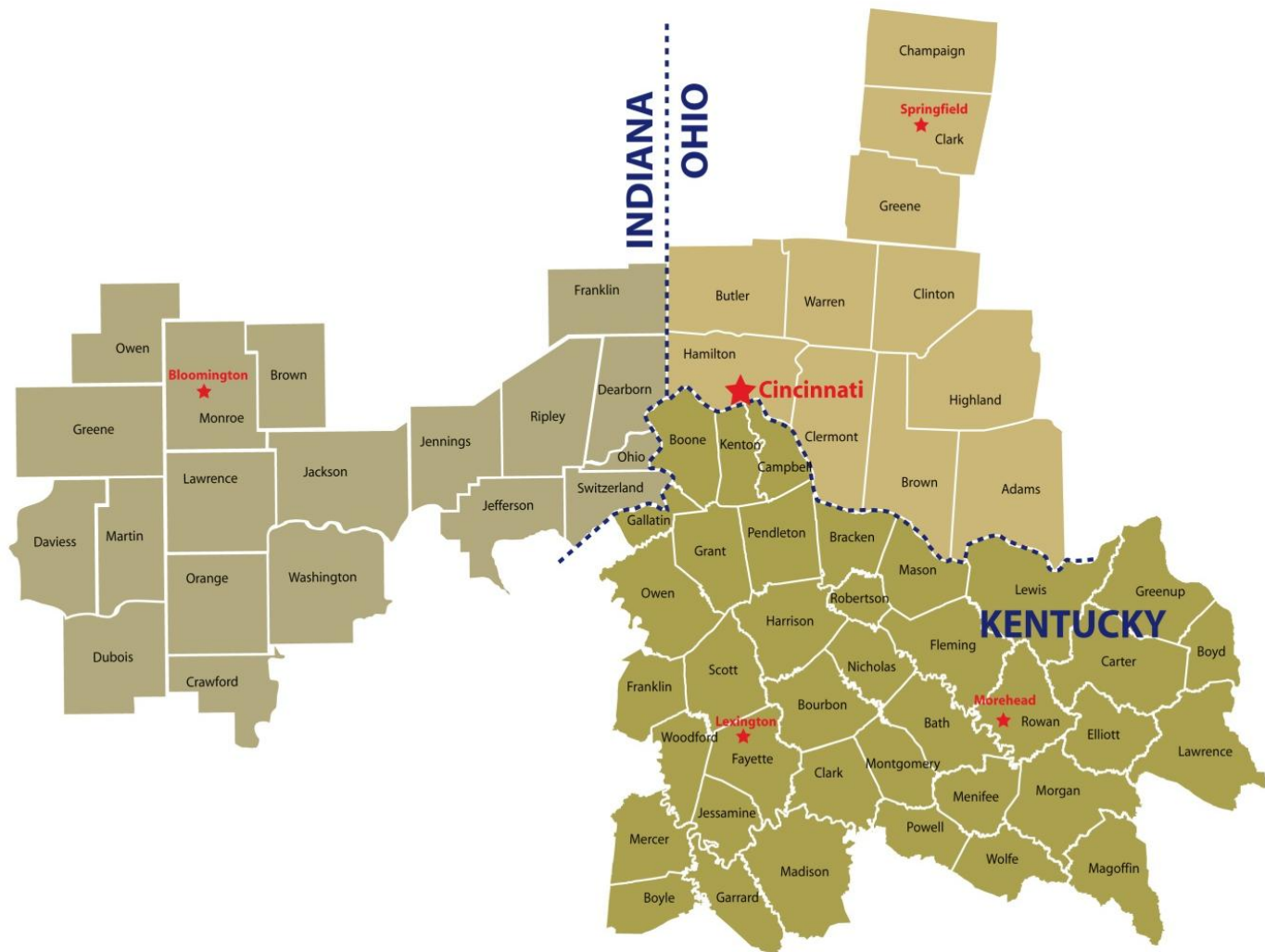
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WHO WILL IT HELP?

- **Basic resources => Any practice**

- **In-depth assistance => Primary care**

- **Primary Care** = *FPs, OB/Gyn, Peds, Int. Med*
- Additional focus on:
  - **Small practices**

    (<10 prescribers; Drs, PAs, ARNPs)
  - **Community health centers**
  - **Rural clinicians** and those with critical access hospitals
 - Practices and clinics that serve the **underserved.**
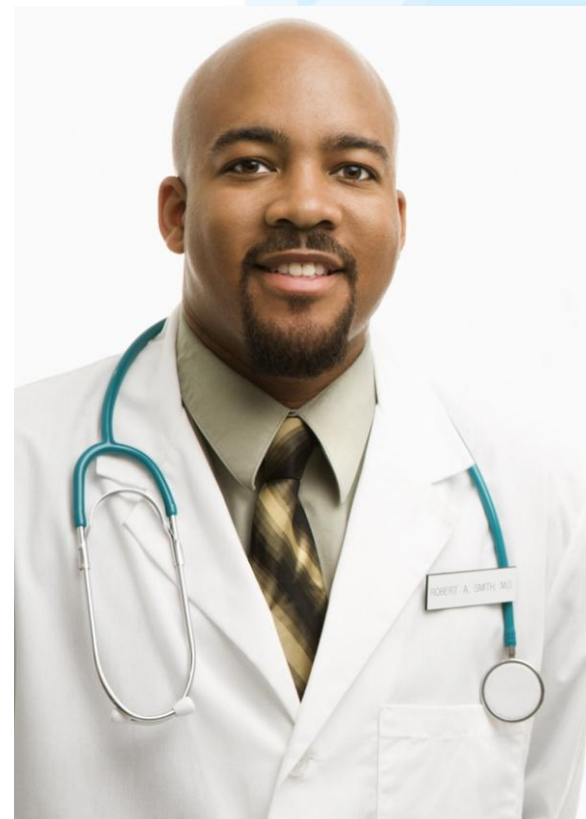
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HOW WILL IT ASSIST PRACTICES AND HEALTH PROFESSIONALS?

- **Basic Educational Resources on IT and Meaningful Use**

- **Group Purchased EHRs and Technology Solutions**

- **On-Site Consulting**

- **Quality Improvement Support**

- **WHAT REC $ CANNOT DO**: pay for an EHR, hardware or other software
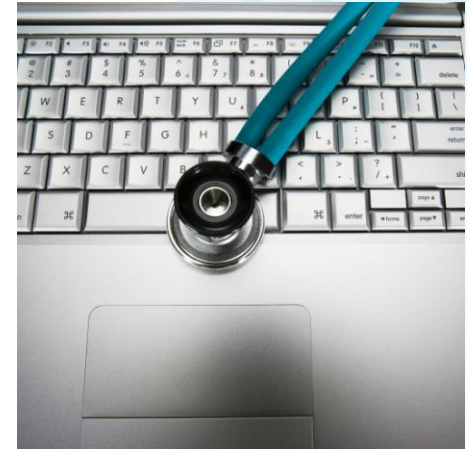
Why is the Tri-State REC important?

- Bottom line -

REC will help practices

- **maximize funding,**
- **minimize expenses and**
- **improve quality and efficiency of the practice.**

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Opportunities for Participation and Involvement:

1. **New Committees and Work Groups**

   - Tri-State REC Steering Committee

   - HIT Clinician Leadership Committee

   - Communications and Outreach WG

   - HIT/EHR Implementation WG

2. **June 18th Kickoff & Meaningful Use Conference**

3. **Monthly Webinars – Beginning Wed., June 30th @ 12 pm**

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Questions?

Tri-State REC Information

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